FEC FORM 1

STATEMENT OF **ORGANIZATION**



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Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. emocratic Senatorial Campaign Committee Maryland Ave NE ADDRESS (number and street) (Check if address is changed) 20002 ashington CITY ZIP CODE STATE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) icompliance@ dscc.org (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) www.dscc.jorg (Check if address is changed) DATE C 00042366 **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT OR AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Deanna Nesburg Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: Office **FEC FORM 1** Federal Election Commission Use (Revised 02/2009) Toll Free 800-424-9530 Only

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